3: Skrine G-3 (1922-1924) 1926 All Sinkiang All

forked rest attached to the barrel. A quarter of the circumference is occupied by a pile of rolled-up felts, bolsters and rugs; the wealth of the owners may be accurately gauged from the size of this pile, just as that of cottagers in a German forest may, according to Mark Twain, be judged by the dimensions of the manure-heap outside their door.

In some parts of the Chinese Pamirs the Kirghiz are said to be dying out, but I do not think this is the case among the Alps of Qungur. We found that few households contained less than two children; one woman had four and another told D. that she had had eight. Infant mortality is high, and the race is not prolific; if it were, the Malthusian problems raised would be insoluble in a country where the grazing, though excellent in quality, is strictly limited in quantity. But the Kirghiz of the Qaratash basin are by no means decadent or weakly, and the scanty population is, if anything, increasing. Considering their complete ignorance of hygiene and rules of diet, they are a remarkably healthy race, thanks no doubt to the open-air life they lead and to their avoidance of houses. The chief ailments D. came across in her amateur doctorings (which were enormously appreciated and had, so far as we knew, no fatal results) were skin diseases, indigestion and other stomach troubles, as well as running sores which looked in some cases as if they might be tuberculous. Some of the faces were pitted by small-pox, but not badly. It is interesting to note that the Qizil Tagh Kirghiz, who have given up tents and taken to houses, are subject to epidemics and are probably dying out. In one of the valleys of that region we passed a whole settlement which had been depopulated three years before by an epidemic of some fatal disease and was now deserted. Though the Kirghiz never wash, their *aq-ois* are as a rule carefully swept and free from vermin, and we seldom had any qualms about sleeping in them on occasion.

The women, as has already been noticed, are frank, fearless, self-reliant and natural, in refreshing contrast to their Turki sisters, at any rate in the towns.

"There is a sort of Scotch-ness about them" (says D. in one of her letters from Kaying Bashi), "a common-sense that is entirely lacking in the people of the plains. They love woolly gloves, muslin, mirrors, buttons, pins and so on because of their usefulness, not only because of their novelty, and would rather have enough plain stuff to make a dress or coat than the yard or two of bright-coloured satin which a Turki woman would immediately go for. . . . There is one extremely attractive and coquettish lady in this valley, but she is

3: Skrine G-3 (1922-1924) 1926 All Sinkiang All

CHAPTER XIII

CUSTOMS, MUSIC, POETRY AND FOLKLORE

"Il est peu de pays où la famille soit plus faiblement constituée que dans le Turkestan oriental et il y a bien longtemps que le mariage s'y conclut et s'y dissout avec une égale facilité. Il n'est peut-être pas une région en Asie où les mœurs soient plus relâchées et où, en même temps, les femmes aient plus d'indépendence et d'influence, où l'on rencontre à la fois moins de dignité et plus de douceur dans la vie privée."

GRENARD.

123 THE conditions of family life in the Tarim Basin and the manners and customs connected with the home are no less peculiar to this remote and isolated land than are its legends and superstitions. Thanks to the extra-territorial jurisdiction exercised by the British Consul-General, I had a considerable number of civil as well as criminal cases to settle according to the law and custom of the country, which were applicable not only when Chinese subjects were parties, but also in civil suits of all kinds brought by or against British Indian nationals permanently domiciled in Chinese Turkistan. In the course of many attempts to do some sort of justice in long and complicated cases concerning succession and bequest, marriage and divorce, chancery, settlement of accounts, and so on, I picked up a certain amount of information about the conditions and customs of family life, especially at Yarkand, whence most of the work came. I am also indebted to my friend, Murad Qari of Yarkand, whom I have already mentioned more than once, for much useful and interesting information relative to his native town.

965 Owing to ignorance and bad hygiene, infant mortality is undoubtedly very high, though it probably does not approach the appalling figures for Calcutta and some other parts of

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/The Chinese/

knowledge of sanitation and elementary health regulations. Their concepts of health and disease rest mainly on the traditional beliefs. The concept that dominates most of their thinking about the human body and its health is that of the Two Principles of yang and yin. These are philosophical concepts of the origin of all things. The yang principle represents the male and the yin represents the female. They stand for opposite poles - heaven and earth, sun and moon, day and night, heat and cold, life and death, positive and negative, strong and weak.

In medicine, everything is classified as yang or yin. The exterior of the body - the skin - is yang, while the interior is yin. The back is yang, while the abdomen is yin. The heart and liver are yang while the spleen, lungs and kidneys are yin. A disease, accordingly, is yang when due to external causes and yin when due to internal causes. Respiratory diseases, fever, and diseases affecting the upper part of the body are yang diseases. Chills and afflictions of the lower body, and circulatory diseases are yin diseases. When the yin predominates, one suffers from yang disease; when the yang is in excess yin results. These two principles must be kept in mind when treating the disease, since the drugs and herbs are also divided into these two classes.

Another Chinese concept concerning health is that of the existence of the Five Elements - metal, wood, water, fire and earth. According to this belief, the human body is composed of a mixture of the five elements. So long as the proportions of these five elements remain in order, health results. If the balance is disturbed, disease follows.

These beliefs are common mainly among the uneducated population, the rural and the lower classes of the urban population. In most cases, the higher classes have a Western knowledge of the basic elements of health and sanitation and know the basic facts of human physiology and the causes of transmission of diseases. Illiteracy and ignorance is much greater in the Northwest region than along the Pacific Coast. Thus, in the Northwest, the beliefs are widespread and most Western ideas have not penetrated into the larger part of the population.

Unfortunately, we do not have figures on the birth and death rate in Northwest China. The figures for all of China are given in the chapter on "Health and Sanitation" of the General China Handbook.

C. Predominant Diseases Among the Chinese

The most common diseases are the fecal-borne ones. They are spread through the use of human waste as fertilizer. Andre Migot, who travelled through Northwest China in 1946, dwells on this problem in his description of a typical middle-sized town in this area (Tibetan Marches, p. 51): "Then there is the problem of sanitation. The total volume of human excrement produced every day

/The Chinese/

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*563 by half a million people - even if they live mainly on rice - is
164 bound to be formidable. No sewage system of any kind exists; its
364 place is taken by an old established guild of public servants who
S
563 can be seen every morning in large numbers making their way
164 through the streets. The casks or buckets which dangle from
364 the bamboo poles across their shoulders smell no better than
you would expect them to. They are always full to the brim and
their contents, which are eventually sold to truck gardens on the
S outskirts of the city, are a constant threat to the legs of the
N passers-by.... The buckets in which they carry their night
[415] soil down the hill are used, after being briskly rinsed, to carry
[312] their water up."

Besides producing a very unpleasant picture, this description brings out the very serious problems connected with the lack of a proper sewage system. It also points out the many possibilities for spreading contagious diseases and infections.

N
*563 Tuberculosis is quite prevalent in China. Epidemic diseases
164 are common also, such as typhoid and paratyphoid fevers, cholera
[165] and smallpox. Malaria and the two kinds of dysenteries, amoebic
[844] and bacillary also are present. Death at childbirth, both of infants
S
563 and mothers, is quite high, because of the lack of adequate sani-
164 tary precautions during childbirth and the practices of the mid-
• [165] wives, who do nothing to prevent infection of both mother and
[844] child.

S
N Winfield in his book states that "seventy-five per cent of all
[165] deaths in China are due to preventable diseases that are under control in the West; there are about 15 million deaths each year in China, of which 11,750,000 are due to preventable diseases." (China: The Land and the People, p. 111).

D. Medical Personnel

N The lack of Western-trained doctors, nurses, pharmacists
759 and dentists in the Northwest is an extremely serious problem.
*563 Most people, because of the shortage of medical personnel, still
S go to the local herb-doctors. (A full description of the traditional
759 Chinese science of medicine is given in the General Handbook).
563 In many less acute cases, people either neglect to do anything or attempt to treat themselves by unscientific methods.

E. Efforts of the Government

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N The Nationalist Government was aware of the serious shortage
744 of medical personnel and equipment in all of China, including the Northwest. Two national organizations were established in the 1930's to deal with these problems: The Department of Public Health under the Ministry of the Interior, which had a Northwestern Office for the Prevention of Epidemics, and the National Health Department under the National Economic Council, which also had an office in the Northwest.